

DEPARTMENT OF TRANSPORTATION

SIMPLIFIED ACQUISITION

(See Continuation on Page 2)

REQUISITION NO.

PURCHASE ORDER NO.

Note: Enter an "X" in the box to the left of all applicable items.

1. Sources Considered:**SUPPLIES**

- | | |
|--|---|
| 1. <input type="checkbox"/> DOT Inventories | 5. <input type="checkbox"/> Wholesale Supply Sources |
| 2. <input type="checkbox"/> Excess from other Agencies | 6. <input type="checkbox"/> Mandatory Federal Supply Schedule Optional |
| 3. <input type="checkbox"/> Federal Prison Industries | 7. <input type="checkbox"/> Optional Use Federal Supply Schedule Commercial |
| 4. <input type="checkbox"/> Blind/Severely Handicapped | 8. <input type="checkbox"/> Commercial |

SERVICES

- | |
|---|
| 1. <input type="checkbox"/> Blind/Severely Handicapped |
| 2. <input type="checkbox"/> Mandatory Federal Supply Schedule |
| 3. <input type="checkbox"/> Optional Use Federal Supply Schedule |
| 4. <input type="checkbox"/> Federal Prison Industries or Commercial |

2. Basis for Award:

- ☐ Sole/proprietary source (Complete Blocks #3, #5, & #6 below) and page 2
- ☐ Not over \$2,500 (Complete Blocks #3 and #6 below)
- ☐ Low quote/offer/GSA, FSS price (Complete Blocks #4 and #6 below)
- ☐ Mandatory GSA/FSS or other agency contract (Complete Block #7 below)

3. Basis for determining price reasonableness:

- ☐ Comparison with published price lists, catalogs, or advertisements
Specify source(s): _____
- ☐ Comparison of quote(s) with prices paid previously for same or similar items
List previous purchase order number(s): _____
- ☐ Lowest of 3 or more oral or written quotes, including previous supplier, if practicable. (Complete Block #4 below)
- ☐ Personal knowledge of item procured. (Complete Block #7 below)
- ☐ Needs a requiring activity decision in accordance with FAR 13.106-1(c)(1). (Document action in Block #7 below)
- ☐ Unpriced order; explain reason and specify monetary limit (FAR 13.302(b)); include clause FAR 52.213-3 with order.
- ☐ Other (Specify): _____

☐ **4. Competitive Procurement**

(Complete page 2 of form for oral quotations. Optional use permitted for written quotations, if all required information is contained in the quotation.)

☐ **5. Noncompetitive Procurement**

- ☐ Utility services available from only one source/educational services from nonprofit institution
- ☐ Only known source of supply (Document in Block #7 below)
- ☐ Other (if greater than \$2,500, state reasons for noncompetitive action in Block #7)

☐ **6. Small Business:**

- ☐
- ☐
- ☐ Provide rationale for awarding to other than a small business in Block #7 below (FAR 19.502-2)(5))

☐ **7. Remarks for Blocks No. _____, _____, _____, _____.**

PREPARED BY (SPECIALIST/BUYER): (Signature)

DATE:

APPROVED BY (CONTRACTING OFFICER): (Signature)

DATE:

[illegible]

Firm's Name			
Address/Tel. No./Fax No.			
Person Contacted			
Delivery Time			
F.O.B. Point			
Payment Terms.			
Type of Business: ED = Educational L = Large LS = Labor Surplus MB = Minority NP = Non-Profit S = Small WO = Woman=Owned			

GSA Contract No.			
DOL Wage Determination No.			

[illegible]

Proposed Price			
Discount (Trade or Quantity)			
Estimated Shipping Cost			
Total price			

DUNS/TIN Number (provide to accounting office (FAR 4.6/FAR 4.9))

The firm or individual recommended for award does not appear on the debarred, ineligible, and/or suspended bidder's list.